## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016115

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Second Control   Seco		<b>-</b> - -	H	+	┨╢	=				Middle		l set				
5. SEX  6. COLOR OR RACE White Widowed  7. Awrited Noviced 6. 6-12-10 52 Manie Male Widowed  8. Date of Birth 9. AGE (lest birthday) Funder 1 YEAR   Hours Min. Months Days Hours Min. Min. Months Days Hours Min. Min. Months Days Hours Min. Months Days Hours Min. Months Days Hours Min. Months Days Hours Min. Min. Months Days Hours Min. Months Days Hours Min. Months Days Hours Min. Months Days Hours Min. Min. Months Days Hours Min. Months Days Hours Min. Min. Months Days Hours Min. Min. Months Days Hours Min. Min. Months Days Hours Min. Min. Months Days Hours Min. Months Days Hours Min. Min. Min. Days A.  S. EXX Decrease Version State William Months Days Hours Months Days Hours Min. Months Days Hours Min. Days A.  S. EXX Decrease William Months Days Hours Min. Days A.  S. EXX Decrease William Months Days Hours Min. Days A.  S. EXX Decrease William Months Days Hours Min. Days A.  S. EXX Decrease William Months Days Hours Min. Days A.  S. EXX Decrease William Days Hours Min. Days A.  S. EXX Decrease William Days A.  S. EXX Decrease William Days A.  S. EXX Decrease William Days A.  S. EXX Decrease	3	- i	Н			_		•	٨		1	₹"	OF			
Male   White   Widowed   Divorced   6-12-10   52   Months   Days   Hours   Min.	4 6					_	CEY									
10. USAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10. USAL OCCUPATION (Give kind of work done during most of working life, even if retired)  11. USA .  12. CITIZEN OF WHAT COUNTRY  The first of working life, even if retired)  13. RATHER'S NAME  13. RATHER'S NAME  13. RATHER'S NAME  13. RATHER'S NAME  14. NAME OF HUSAS AD OR WIFE  15. WAS DECEASED EVER IN U.S. ARRED FORCES?  15. WAS DECEASED EVER IN U.S. ARRED FORCES?  16. WAS DECEASED EVER IN U.S. ARRED FORCES?  17. INFORMANT  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  19. WAS AUTOPSY  19. WAS AUTOPSY  19. WAS AUTOPSY  20. ACCIDENT SUICIDE HOMICIDE  19. WAS AUTOPSY  19. WAS AUTOPSY  20. ACCIDENT SUICIDE HOMICIDE  20. PLACE OF INJURY (e.g., in or about home, p.m., p.m.  20. INJURY OCCURRED  NOT WHILE AT WORK   Action, street, office bidg., etc.)  20. INJURY OCCURRED  WHILE AT WORK   Action, street, office bidg., etc.)  20. CITIZEN OF WHAT COUNTRY  11. BIRTHPLACE (City and state or country)  12. CITIZEN OF WHAT COUNTRY  13. INJURY OCCURRED  WITH SUICIDE  14. NAME OF HUSAS ADD ON WIFE  15. MAS DECEASED EVER IN U.S. ARRED FORCES?  16. LY ALL NAME OF HUSAS ADD ON WIFE  17. INFORMANT  18. NAOMI MOOR MOOR MOOR MOOR MOOR MOOR MOOR M						3	_									
The second continuous of the string of the		_   '				10	. USUAL OCCUPATION (	• • • • • • • • • • • • • • •	10b. KIND	OF BUSINES	S OR INDUSTR	Y 11. BIRTHPLAC	E (City and state or o	country) 12. CIT	IZEN OF W	HAT COUNTRY
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. INFORMANT   Address     18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).     10		<u>`</u>  ≨	1						Lands	capei	ng	Indiho	ma Oklaho	ma U.	S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. INFORMANT   Address     18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).     10	7 /	일  .				13	. FATHER'S NAME		13							
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10	942			-	1		No					Mrs • Na	omi Thnow	:4534 P		
IMMEDIATE CAUSE (a)  IMEDIATE CAUSE (a)  IMMEDIATE					ΙŻΙ		18. CAUSE OF DEATH (	(Enter only one cause per DEATH WAS CAUSED BY	line for (a),	(b), and (c).		\ /		_	INTE ONS	RVAL BETWEEN SET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.    NO   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.    PART II. If deceased was female was there a pregnancy in last 90 days.    Part III. If deceased was female was there a pregnancy in last 90 days.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.    PART II. If deceased was female was there a pregnancy in last 90 days.    Part III. If deceased was female was there a pregnancy in last 90 days.    Part III. If deceased was female was there a pregnancy in last 90 days.    Part III. If deceased was female was there a pregnancy in last 90 days.    Part III. If deceased was female was there a pregnancy in last 90 days.    Part III. If deceased was female was there a pregnancy in last 90 days.    Part III. If deceased was female was there a pregnancy in last 90 days.    Part III. If deceased was female was fema					Ĭ¥.				$\mathcal{C}_{i}$	ecai	1au	Mas	ufaces			
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VANDE TO COUNTY    STATE   STA	790-5	일약	Н			l	above co	ause (a), }								
disease condition given in PART I (a)    Year   No	13	≐⊨	+-+	+-	-	ļļ			c)			•			——	
20c. TIME OF Hour Month, Day, Year INJURY OCCURRED STATE  20d. INJURY OCCURRED WHILE AT WORK   20f. CITY, TOWN, OR LOCATION COUNTY STATE  20d. INJURY OCCURRED Hour Month, Day, Year e.m.  20d. INJURY OCCURRED STATE  40 Hour Month, Day, Year e.m.  20d. INJURY OCCURRED STATE  41 Hour Month, Day, Year e.m.  20d. INJURY OCCURRED STATE  42 Hour Month, Day, Year e.m.  20d. INJURY OCCURRED STATE  43 Hour Month, Day, Year e.m.  20d. INJURY OCCURRED STATE  44 Hour Month, Day, Year e.m.  20d. INJURY OCCURRED STATE  45 Hour Month, Day, Year e.m.  20d. INJURY OCCURRED STATE  46 Hour Month, Day, Year e.m.  20d. INJURY OCCURRED STATE  20d. INJURY OCCURR	I.	* I				š	PART II.	OTHER SIGNIFICANT C disease condition given	ONDITIONS in PART I (a	CONTRIBU	ING TO DEAT	H but not related	to the terminal			
20c. TIME OF Hour Month, Day, Year INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	19	<u> </u>				[5]								☐ Ye	<u> </u>	Unknown
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ZOd. INJURY OCCURRED WHILE AT WORK. NOT WHILE AT WORK. NOT WHILE AT WORK.		2				₹		Month, Day, Year		<del></del>						
Mark To the state of the state	_≅ ≅ '	∢		İ									9			
21. I attended the deceased from	<b>≥≤</b>				100 BOT 82	fer,	WHILE AT WORK	☐ farm,	OF INJURY factory, stree	(e.g., in or it, office bld	about home, ig., etc.)	20f. CITY, TOWN,	OR LOCATION	COUNT		STATE
Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.	<b>₩</b> ₩₩	18				ŭ					tò.		and last saw her ali	ve on		,
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423a. BURIAL, CREMATION, 23M. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	-	-	+	┵	- ≩	423	BURIAL, CREMATION,	238. DATE	23c./N	AME OF CE	AETERY OR CRE	MATORY		= -		
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WEILERT FUNERAL HOME(S) K.C., MO. 4-19-63 Of with Long		E			<b>6</b>	W.	EILERT FUN	ERAL HOME (S	5) K.	MO.	<u> 4</u>	-11-0	5 0	1 ma	-	mg

(Licensed Embaimer's Statement on Reverse Side)

State ASSA 36382 07-05-5 of Dr intelligence of the following filter on the companies Mounti Depriment throok on the residence to be desired. Coopen word land the Coopense Reserved a carry and a coopense reserved as a coopense reserv 90-3

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_, Student Embalmer No.\_ working under my personal supervision. Student Signature of Student:Embalmer Licensed Embalmer, No. P. O. Address\_\_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

Windship | millimann

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above. interest (noted annual

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